



MARE HARMONY

Embryo / Oocyte Purchase Program Application

I _____, am the recorded owner of the following mare that is being advertised through the American Saddlebred Registry's Broodmare Embryo / Oocyte listing.

Mare Name: _____ Registration #: _____

Sire Name: _____ Registration #: _____

Dam Name: _____ Registration #: _____

Dam's Sire: _____ Registration #: _____

Owner ASHA Membership #: _____ Phone #: _____ Email: _____

Owner Address: _____

This mare is available for the purchase of **Embryo(s) / Oocyte(s)** (Please circle all that apply) as of this date: _____ 2015 through _____ 2015.

I acknowledge that said mare(s) will be placed on the ASR's online database which lists mares that are available for embryo / oocyte purchase to the public. Terms of the purchase will be negotiated between the buyer and the seller.

	Fees
Mare Harmony Advertising	
Annual Renewal	\$25.00
Non-member Transaction	\$50.00
Photo	\$05.00
Video	\$05.00
Submit media to webmaster@asha.net	
Membership Dues (Please make checks for Membership fee or Breed promotion to ASHA. Please make check for all other fees to ASR. Membership year Dec. 1 - Nov. 30)	
Senior - Competing	\$70.00
Senior - Non Competing	\$40.00
Junior - Competing	\$30.00

By participating in the Mare Harmony program, all participants acknowledge and agree that no guarantees, representations or warranties whatsoever are being made by the American Saddlebred Registry, Inc. (the "ASR") or the American Saddlebred Horse Association, Inc. (the "ASHA") as to any of the mares listed in this program, either express or implied, including the ownership of such mare(s), the health or breeding soundness of such mare(s), or the breeding history or any statistics pertaining to such mare(s). All participants acknowledge and agree that they bear all risks with respect to the mares, and that the ASR and the ASHA shall have no liability to the participants whatsoever with respect to the mares. In consideration of participant's being allowed to participate in the Mare Harmony program, all participants hereby waive, release and forever discharge the ASR and the ASHA and their employees, officers, volunteers, agents, and representatives from any and all claims, demands, losses and damages arising out of participation in the Mare Harmony program.

Signature of Lessor: _____ Date: _____
(ASR Recorded Owner)

Method of Payment: _____ CHECK _____ VISA _____ MASTERCARD Total: \$ _____

Credit Card #: _____ Expiration Date ____/____/____

Signature: _____ Print Name: _____ Zip Code: _____

Please return payment and completed form to:
American Saddlebred Registry
4083 Iron Works Parkway
Lexington, KY 40511
or fax to: (859) 259-1628